



13281 U.S. PTO

**REISSUE
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket No.	244809US0RE
First Named Inventor	Soichi OBATA
Original Patent Number	6,252,128
Original Patent Issue Date	June 26, 2001
Title	POROUS SHEET

17510 U.S. PTO
10/7/4475

11/17/03

APPLICATION FOR REISSUE OF:☒ Utility Patent☐ Design Patent☐ Plant Patent**APPLICATION ELEMENTS**

1. ☒ Fee Transmittal Form
(Submit an original and a duplicate for fee processing)
2. ☒ Specification and claims
3. ☒ Drawing(s)
4. ☐ Reissue Oath or Declaration
5. Original U.S. Patent
☐ Offer to surrender original patent
or ☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
if yes, check applicable boxes
☐ Written Consent of all Assignees
☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney

ADDRESS TO:Commissioner for Patents
Mail Stop Patent Application
Alexandria, Virginia 22313**ACCOMPANYING APPLICATION PARTS**

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. ☒ Foreign Priority Claim (35 U.S.C. 119)
9. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
10. ☐ English Translation of Reissue Oath/Declaration
11. ☐ Applicant claims small entity status. See 37 CFR 1.27.
12. ☒ Amendment under 37 C.F.R. §1.173 (b)(2)
13. ☒ White Advance Serial No. Postcard
14. ☒ Other: European Search Report

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

244809US0RE

Claims as filed - Part 1

Claims in Original Patent	For	Number Filed in Reissue Application	Number Extra	Rate	Fee
5	Total Claims	20	0	x \$18 =	\$0.00
1	Independent	1	0	x \$86 =	\$0.00
Basic Fee (37 CFR 1.16(h))					\$770.00
Late Filing of Declaration					\$130.00
Total of above calculations					\$900.00
<input type="checkbox"/> Reduction by 50% for filing by small entity					\$0.00
Total Filing Fee					\$900.00

☐ Please charge Deposit Account No. 15-0030 in the amount of _____. A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$900.00 to cover the filing/additional fee is enclosed.

☐ Credit card payment form is attached to cover the filing/additional fee in the amount of _____

11/17/03
Date

Kirsten Grüneberg
Signature of Applicant, Attorney or Agent of Record
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Typed or printed name